

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039772

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

290  
FILED NOV 2 1962

## 1. PLACE OF DEATH

a. COUNTY

Pulaski

b. CITY (If outside corporate limits, give TOWNSHIP only)

Waynesville

Length of stay in 1b

2 days

c. FULL NAME OF (If NOT in hospital, give location)

Pulaski Co Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Missouri b. COUNTY Plaski admission)

c. CITY OR TOWN Waynesville

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Near Devils Elbow Mo

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Julior

Middle

Quentin

Last

Roebuck

4. DATE

OF DEATH

Month

Day

Oct 18 1962

Year

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married

Never Married ☐ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

1-4-26

## 9. AGE (last birthday)

36

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Repairman

## 10b. KIND OF BUSINESS OR INDUSTRY

Commercial

## 11. BIRTHPLACE (City and state or country)

Louisville, Miss

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

W E Roebuck

## 13b. MOTHER'S MAIDEN NAME

Mary Elizabeth Alexander

## 14. NAME OF HUSBAND OR WIFE

Edna Pearl Roebuck

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes 1944-1960

## 16. SOCIAL SECURITY NO.

[Redacted]

## 17. INFORMANT

Pearl Roebuck Waynesville, Mo

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

arteriosclerosis

#### DUE TO (c)

[Redacted]

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

[Redacted]

## INTERVAL BETWEEN ONSET AND DEATH

10 weeks

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## 20b. SUICIDE

☐

## 20c. HOMICIDE

☐

## 20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

[Redacted]

## 20e. TIME OF INJURY

Hour a.m. p.m.

## 20f. Month, Day, Year

[Redacted]

## 20g. INJURY OCCURRED WHILE AT WORK

☐

## 20h. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

[Redacted]

## 20i. CITY, TOWN, OR LOCATION

Waynesville Missouri

## 20j. COUNTY

Plaski

## 20k. STATE

Missouri

## 21. I attended the deceased from

Death occurred at

## 21a. SIGNATURE

[Redacted]

## 21b. ADDRESS

Waynesville Missouri

## 21c. DATE SIGNED

10-23

## 22a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 22b. DATE

10-23-1962

## 22c. NAME OF CEMETERY OR CREMATORY

Memorial Cemetery

## 22d. LOCATION (City, town, or county)

Waynesville Missouri

## 22e. (State)

Missouri

## 23a. FURNEL DIRECTOR

Moss-Williams

## 23b. ADDRESS

Waynesville Mo

## 23c. DATE RECD. BY LOCAL REG.

10-23-62

## 23d. REGISTRAR'S SIGNATURE

[Redacted]

NOV 2 1962

MAY 22 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clarence Amos

Licensed Embalmer No. 4896

P. O. Address Waynesville, MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.